1/3/4	Trems 10-21 Film Grapher STATE DEPARTMENT OF HEALTH	
EUB CLATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FAITH DEPT	0670	8
`8 .₹`	a. COUNTY COLVER - A B. COUNTY A FIRE - A B. COUNTY A FIRE -	dmission)
files. Health,	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to	
of	Brooms Island Brooms Island	w n j
for for Board	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) d. STREET ADDRESS d. STREET ADDRESS	RESIDENCE
60 6 6 7	Calvert Ceenty Hospital Unknown VES	A FARM?
refained refained se State death.	3. NAME OF DECEASED COLOR First Middle OF OF Month Day Yee	10
to the be re fier d	(Type or print) COCO DEATH S 7 19	-
with with sa	NO CONTROL OF THE PART OF THE	Min.
The same	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT	COLINITAVA
2 2 2	done during most of working life, avan if retirad)	LOUNIKT
e Page SM3. P pages within	Power Saw Operator Lenoir, N.C. U.S.A.	
>	Charles L. Coffey Ida Barnett	
O EIE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Iffyesgivewerordelesofservice)	
with for	No 242-54-9974 Wheeler-Thompson Funeral Home Fredericksb	urg
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND	
and in	IMMEDIATE CAUSE (e) Shotgun wound, left pelvis	
Office Office burial- noval,	7/98 DUE TO	
a bu	Conditions, if any, which geve rise to immadiata cause (b)	
ndin I as	(a), stating the underlying DUE TO	
xamii xamii used on,	10]	UTOPSY
dical E	PERFC YES IX	RMED?
the wo Medical should late	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIB	
fing the hief Me 3 she burial	OHOU TH DETATO	
YO BO	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 7:50 Pm 5/7 1966 at work at	(State)
OR: Portor		Md.
D O T	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my o	pinion
rwarded DIRECT ed agent,	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
	ACTUAL ILLAMOS IN A CONTRACT AND THE STANDARD OF THE STANDARD	NED
execute in uld be forw	Ligran II Colta M D DEDITY MEDICAL EVANINED MALL &	
ease execute should be for FUNERAL its designat	NAME (Type) Address (Streat, city, town, or county)	
0 .	22e. BURIAL, CREMATION, PREMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Ste	te)
746 g	Burial 5/11/66 Salem Church Cemetery Widewater, Va.	
S. A15ME	Ball. Md. 21202 MAY 1 1 1966 Charles Judge	
5M 9/60	Wm. Cook-Brooks Inc. 1217 St. Paul St	

THE COMPLETE STATE OF THE SECOND

1		DIVISION OF THE	ON OF STATISTIC		YLAND STATE I EARCH AND RECOR CERTIFICA	DS, 301	W. PRESTO	N STREET		RE 1, MARYI	LAND
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1.	PLACE OF DEAT a. COUNTY	H. lvert			2. U		CE (Where dece	eased lived, If In b. COUI	stitution: Residence	* mpd
rs after by the Pages 1 urs after	D,	h CITY OR TOV	VN (if outside corporate and give nearest tow rederick,	te limits,	c. LENGTH OF STAY IN		TY OR TOWN (I	f outside corp		rite RURAL and gi	
be executed within 24 hours sicken and completely filled in by lease remove carbon papers. Pagand in any event, within 72 hours		d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not in I	3 days nospital, give street addre	ss) d. ST	REET ADDRESS		aryland		e. IS RESIDENCE ON A FARM?
ithin 2			County Ho	spita. rst	Middle		Last	4. DATE	Mont		Year Year
ed wi	5.	(Type or print)	Jos	eph 7. MARRIEI	Muri		aney E OF BIRTH	DEATH	AGE (In years	2 IF UNDER 1 YEAR	19 66 IIF UNDER 24 HRS.
executed within and completely remove carbon in any event, with		ale	White	WIDOWE	DIVORCED _	2/11	1/96		last birthday) O yrs.	Months Days	Hours Min.
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ath cer attendii mit. T	15.	WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)		7. INFORM	MANT	F-5-80	Addre		lond
The law requires that the death certificate or attending physician. Cate has been signed by the attending physic use as the burial-transit permit. Then ple ealth prior to burial, cremation, or removal,			EATH WAS CAUSED BY	e cause per	14-18-2796 line for (a), (b), and (c).]	rrede	SI'IGK (naney	Owing:	INTE	RVAL BETWEEN SET AND DEATH
The law requires that or attending physician rate has been signed laws as the burial-tra salth prior to burial, or		4200 Conditions, if	IMMEDIATE CAUSE DUE any, which \	629	sturios	eleu	tut	lew t	Di	,	
required inding property speen so the bigger ior to b		gave rise to cause (a), s underlying cau	tating the DUE								
CGAN: The law ospital or atten certificate has led for use as the for the form of the form	CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIO		UTING TO DEATH BUT NOT F	ELATED TO	THETERMINAL	DISEASE COND	ITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
記記記さ	CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEADTIFY MEDICAL EXAMIL	TH NER)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature o	f injury in Pa	rt I or Part II o	of Item 18.)	
G PHYSICIAL by the hospi ter this cert e detached tate Dept. of	MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year 20d. While	Not While -	PLACE OF I	NJURY (Home, fet, office bldg.,	arm, 20f. (i	City or town)	(County)	(State)
ATTENDIN retained the CTOR: Affi 3 should be with the Si		21. I certi	fy that (I) (this hosp		led the deceased from.	3/	74 ,1	966, to_	5/1		nat (I) (we) last
OR ATTENDI be retained DIRECTOR: A ge 3 should ed with the		22a. SIGNATU	ceased alive on	3/1	2 /2 / / =		occurred and ENDING	MED.	STAFF	and on the date 22b. DATE SIG	GNED
		22c. PHYSICI NAME (T	AN'S (ype) Dr. Osm	an Er	1		ADDRESS Prir	DIRECTOR L	edericl	c. Mary	
Page 4 mz Page 4 mz TO FUNERAL director, p should be	23a	BURIAL, CREI		THEREOF	23c. NAME OF CEMEN	ERY OR CR		23d. LO		own or county)	(State)
VR A15 (4)	24.	FUNERAL DIR	ECTOR 2	1,1766	ADDRESS Our	inco)	25a. RE	C'D BY REGIS	Fr	EGISTRAR'S SIGN	ATURE,
15M 4-64	1	vince	uns jane	1		1	DAMA		100	-0	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3 after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY by the final Pages 1 are after b. COUNTY Calvert MARYLAND Calvert b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b etely filled in by the bound papers. Page within 72 hours a hours 6 hrs. Prince Frederick Plum Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE Calvert County Hospital ON A FARM? within YES NO etely completely we carbon 3. NAME OF Middle Last DATE Month Oav Year OECEASEO John Fischer Emil (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEO 8. OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS last birthday) White Male Months Days Hours WIDOWEDXX 10/15/94 DIVORCEO | 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be COUNTRY? U.S.A. Retired bookkeener D. C. 70 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME remova Emil Fischer Anthony Bastai 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 6107 Eastern Ave. Wash.D.C. Lucie Kelly the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] burial-transit burial, cremat INTERVAL BETWEEN p PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) ONSET AND DEATH attending physician. signed DUE TO bee -Conditions, If any, which been gave rise to immediate the DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMEO? 0 YES NO T by the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) be detached f State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work retained DIRECTOR: A age 3 should lied with the to M on 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 19 22a. SIGNATURE 22b. OATE SIGNED OR be page wed out STAFF M.O. PHYS. DIRECTOR 22c PHYSICIAN'S director, p 22d. ADORESS NAME (Type) Prince Frederick, Md. el BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Washington. D.C. Glenwood Cemeterv burlal 66 FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b BEGISTRAR'S SIGNATURE VR AI5 (4) 20M 1/65

In the property of the state of womonic like CONTRACTOR OF THE PARTY OF THE THE RELEASE PARTY OF THE PROPERTY OF MY IL 1860 Menter July .

FOR STATE HEALTH DEPT.

File pages 1 and 2 with the State Department and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. I of Health or its designated agent, prior to burial, cremation, or removal,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00110	MEDICAL	EVAINILIAEK 2	GERIIFIGAI	E OF DEATH	0.0	274.0
1. PLACE OF DEATH	1 /		2. USUAL RESIDEN	CE (Where deceased lived, 1	f Institution: Reside	ica refor idmission)
e. COUNTY	1.00		a. STATE	b. 0	COUNTY	Mort
1	14501	MARYLAND	11/	4.	ca	ruch/
b. CITY OR TOWN (If or write RURAL/and gi	utside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside corporate limits	, write RURAL end	giva nearest town)
/	5 b4	1:1-		15611	SIL	-1
		ospital, giva street address)	d. STREET ADDRESS	2009	0.7	I e. IS RESIDENCE
	on my mornion (in mot in m	copitally Byta datest additions,	di dineel aboneo			ON A FARM?
					0.00	YES NO
3. NAME OF	First	Middla	Last		lonth D	Day Year
(Type or print)	1611.	13	E/	OF DEATH	7011 1	7 1966
	LOD OD DACE I	- / -	DATE OF PLATH		are I TE LINDED 1 NE	AR IF UNDER 24 HRS.
5. SEA 6. CO	LOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BURTH	last birthd	ey) Months Day	
M	WIDOWED	DIVORCED	11/042	762 4 yr		
10e. USUAL OCCUPATION (GI	ve kind of work done 10b. H	IND OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)		EN OF WHAT
during most of working life	, even if retired)	NDUSTRY	10.1.	to Mr	count	RYT
		1ntan/	1 Callen	10,114	. 9.	4.//
13. FATHER'S NAME	1 1	/-/	14. MOTHER'S MAII	DEN NAME	/	
Chas	105 111	Folen	15/1/1/	011/1/1/1	20	
15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Ac	dress	
(Yes, no, or unkown) (If yes		1	11./	1041	/	1 Mil
_		1 //	15. 21/1/0	41. 10/04	110	DU 110.
18. CAUSE OF DEATH	[Enter only one cause per	Ine for (a), (b), and (c).]	11/	1		TERVAL BETWEEN
PART I. DEATH W.		Mineral	mil use		0	DNSET AND DEATH
3 2 5 7 IMM	EDIATE CAUSE (a)	The state of	· · · · · · · · · · · · · · · · · · ·			
0 20 2	DUE TO	0				
Conditions, If eny, w	[33]					
gave rise to immedicause (a), stating						
underlying cause last.	ano (
		UTING TO DEATH OUT NOT BEL	ATED TO THE TERMINAL	DISEASE CONDITION OF VE	N IN PART 1(a)	190 WAS AUTOPSY
E 7/ 1-t	O CONTRACTOR OF THE CONTRACTOR	1. 7. V	1 1/2	11 + 11	// //	PERFORMED?
5 mg	was one 1	assi les	en latte	drelation		YES NO
20a. EXTERNAL CAUS	E WAS 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	Injury in Part I or Part	II of Item 18.)	(
PRIMARY OF CONTR	IBOTING []					
PART WOTHER SIGNLY 20a. EXTERNAL CAUS PRIMARY OF CONTR CAUSE OF DEATH. 20c. TIME OF INJURY Hour a.m. p.m.		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f	arm, 20f. (City or tow	n) (County)) (State)
Hour a.m.			ory, street, office bldg.,		(0001123)	(01010)
m.q	19 While	Not While at work				
	I took charge of the ren	nains described above, h	eld an Autopsy .	Inspection ,	Inquiry .	and in my opinion
	/ -				ined manner	1
death resulted from	m: Natural causes	Accident [], Si	uicide [], Homic		med manner	
11	-1.11/1		CHIEF MEDICA	AL EXAMINER		OD DATE CIONED
ACTUAL SIGNATURE	11) ways		M.D. ASSISTANT MI	EDICAL EXAMINER		22. DAJE SIGNED
0		1	DEPUTY MEDI	CAL EXAMINER	4-1.	-///
EXAMINER'S	4/1/1/1/10	51	Address (Stree	et, city, town, or county)	1/	1/20
NAME (Type)	J 23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (CI		(Stata)
23a. BURIAL, CREMATION	, 23b. DATE THEREOF	A SOUNT OF CENTEREN	11 0	7	/	md
Durial	May 7 1766	affeky DIC	Je Church CH	rokky - /	11504,	11111
24. EUNERAL DIRECTOR	1 / -	Mutars 13	-/ > / /		REGISTRAR'S S	
1/1/1/1/	/	10 - 1	The poll	INV I A 1000	Musulo	udal.

MA-DATE MAY

1966

VR A15ME 3500 4-64

retained for your files.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Sive Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office Blong with form PM3. Page 5 may be

		0671	7			CERTIFI	CATE	OF DEATH				06711
Ì		LACE OF DEATH						2. USUAL RESIDENCE (Where deceosed live	ed, if institution b. COUNT	n: Residence be	fore odmission)
		Cal	vert			MARYLA		Maryl		C	alvert	
l	b	. CITY OR TOWN (II write RURAL and	outside corporate lim give nearest town)	its,	-	ENGTH OF STAY IN	1b	c. CITY OR TOWN (If o				rest town)
ŀ	P	rince From	ederick, M	d.	23	3 days		Lower Mar	lboro, M.	aryland	i	O 4 - 1
I					, give st	reet oddress)	61	d. SIKEEL ADDKESS				e. IS RESIDENCE ON A FARM? YES NO
ł		ALVERT U	ounty Hosp	Ital First		Middle		Lost	4. DATE	Month		Doy Year
1	-	ECEASED (ype or print)	Rach			Ellen		Gray	OF DEATH	5		13 1966
ł	S. S		6. COLOR OR RACE	7. MARRIE		NEVER MARRIED		. DATE OF BIRTH	9. AGE	(In years	IF UNDER 1 YEA	R IF UNDER 24 HRS.
ı	F	emale	Negro	WIDOWE		DIVORCED		12/10/88	77 lost	birthdoy)	Months Do	rs Hours Min.
Ì	10o.	USUAL OCCUPATION	(Give kind of work don			BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign o	ountry)	12. CITIZEN	OF WHAT
I	aurii	ng most of working I Domes	Stic		INDUSTR			M	aryland	425-6	U.S.	A. •
I		FATHER'S NAME					- 33	14. MOTHER'S MAIDEN				
١		ennis Re:							ianna Tho			
ı	1S. (Yes	, no, or unknown)	R IN U.S. ARMED FORCES (If yes give wor or dote:	? of service)	5. SOCIAL	. SECURITY NO.		VFORMANT	Or est on or	Address		
		NO CAUCE OF DE	APIL II	1: (() ()	1/11	rei	pecca Gray	A OWING:	, Mary		INTERVAL BETWEEN
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: AMARIPIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: AMARIPIATE CAUSE (a)								ONSET AND DEATH		
J		4200 DUE TO DUE TO										
1		Conditions, if ony,	which gove }	(b) -	10	ette.	le	Kt M	10.			
ı		rise to immediate stating the under		E TO			/					
I		lost.)	(c)			-	/				
I	NO							HE TERMINAL DISEASE CO	NDITION GIVEN IN I	PART 1(o)	100	19. WAS AUTOPSY PERFORMED?
1	CERTIFICATION	Uremia,	Arterios					Enter noture of injury in	Dad Las Dad II at	:h 10 \		YES NO
I	ERTI	20a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	7 7 6 7 6 7 6 7 6						nem 10.)		
		(IF EITHER, NOTIFY I	RY Month, Day, Year				ne PLAC	ome accide:	m 20f (City	ar tawn)	(County)	(State)
1	MEDICAL	Hour o.m	1.	66 Whi	ile ork	Not While of work	focto	ry, street, office bldg., etc.	Pr. P	rederi	ck Cgl	Kert Md.
I				01,11	nded t		ram_9	120	.4/	113		that (I) (we) la
		saw the de	ceased alive an_	3/01	7	19 <i>6</i> 6, ar	nd that	death accurred a	12:30A, fro	m causes a		
	- 1	220. SIGNATURE	11/1	X	, ,	/		ATTENDING -	MED.	STAFF	22b. DATE S 5/13	
			1 ///////	XX	1	my/	M.D	PHYS.	DIRECTOR L	PHYS.	5/13	/00
		20° DINCILIVI'C	A - 00-	110								
		22c. PHYSICIAN'S NAME (Type)	Dr. Osman	Ersov		/		Prince F	rederick	. Marvl	and	
	230	22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATIO REMOVAL (Specify)		Ersoy		. NAME OF CEMETI	ERY OR (rederick	Maryl		inty) (Stote)

The second of th The second of the second

-21 Film G377 6 MARY CANDESTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and completely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTY Maryland Calvert MARYLAND Calvert County b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ban papers. Page within 72 haurs a write RURAL and give nearest town) North Beach. Maryland Prince Frederick Md. 2 mon:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 2 months e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Calvert County Hospital YES NO 3. NAME OF Middle Last 4. DATE Month Year Doy DECEASED (Type or print) Walter May 19 66 Elwood Koons DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years 7. MARRIED lost birthdoy) Months Hours 3/7/864 WIDOWED TO DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? the attending physician sit permit. Then please during most of working life, even if retired) INDUSTRY and Retired Washington D.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Salmon Charles H. Koons 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1331 AddStreet, N.W. signed by the attending burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 578-05-8813 Charles W. Koons Washington, D. C. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH Rudio 5 PART I. DEATH WAS CAUSED BY: Moan IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the priar to be retained by the haspital ar attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health YES [NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached f (IF EITHER, NOTIFY MEDICAL EXAMINER) Patient fell State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 3/16 1966 ot work North Beach Calvert Md. ot work pe , 1966, to Man 18, 1966, that (1) (we) last should saw the deceosed alive on 5-18 M. from causes and on the date stated above. 1966, and that death occurred at 2 Accide 1226. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Issam el Prince Frederick Maryland Damaloulii.M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Harmony Chr. Cemetery Owings, Calvert 25b. REGISTRAR'S SIGNATURE Burial 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR MAY 20 Marley Judge 1966 ome wings, Maryland chuns

The design of the control of the con The Control of the Co APPLICATION OF THE PROPERTY OF

			DIVISION OF STATISTICAL RESEAR			N STREET, BALTIMO	RE 1, MARYLAND
÷	ih 2 al		no.119	CERTIFICATE	OF DEATH		06712
death	funeral and 2 death.	1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC a. STATE	E (Where deceased lived, If ins	
	07 D		Calvert County	MARYLAND	Mar	yland	Calvert
s af	See 1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neapest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, wr	Ite RURAL and give nearest town)
hours after	in in		Trinee Prederick	one month		s Island	04.1
4:	filled i papers. Iin 72 h	-2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ï		3.	Calvert County Hospital			rederion	YES NO
executed within	0 -	3.	DECEASED	Middle	Last	4. DATE Monti	
ed	comple ve carl event,	5.	(Type or print) Charles SEX 6. COLOR OR RACE 7. MARRIED		ngold DATE OF BIRTH	19. AGE (In years)	6 19 66 IFUNDER 1 YEAR IFUNDER 24 HRS
ecut	and cor		Male White WIDOWED	DIVORCED	2/17/96	last birthday)	Months Days Hours Min.
		102	. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR		unty & State, or foreign country	12. CITIZEN OF WHAT
Pe	physician n please val, and in	dur	ing most of working life, even If retired) Retired foreman Manue	JSTRY Turing	Marvlan	h	U.S.A.
cate	phy n pl val,	13.	FATHER'S NAME		14. MOTHER'S MAID		
it.	lding phy Then p removal,		William Mangold		Louise	- 1	
death certificate be	attendin rmit. Th 1, or rem	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC s, no, or unkown) (If yes give war or dates of service)	CIALSECURITY NO. 17. II	NFORMANT	Addre	ss land, Maryla
leat	permit. tion, or		no - 182-1	07-7430 N	frs. Lill:	ian S. Mangol	d. Broomes Is-
	d by the at ransit perm cremation,		18. CAUSE OF DEATH [Enter only one cause per line] PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).]	1: 1	1. 1/216	INTERVAL BETWEEN ONSET AND DEATH
that the	ed by the transit, cremat		IMMEDIATE CAUSE (a)	veins /	mor f	near per	-4)
s th	rial.		Conditions, If any, which	0	/		
uire g pt	sen sen sto pn to pn		gave rise to immediate		(
requi	as the prior t		cause (a), stating the DUE TO underlying cause last.				
law requires that attending physician	has e as h pri	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATI	ED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
The	r us	CERTIFICATION					YES NO
AN: pital	certifi hed fo t. of H	RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of	Injury in Part I or Part II o	f item 18.)
PHYSICIAN: the hospital	his ce stached Dept. (*	
PHY the	, 0 0	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJU Hour a.m. While -		OF INJURY (Home, fa , street, office bldg., e		(County) (State)
NG o	After be Stat	ME			7	1 horas	6
OR ATTENDI	R: A ould the		21 certify that (I) (this hospital) attended	1_1_	n, I	to VI	O, 195 hat (I) (we) last
ATT	DIRECTOR		saw the deceased alive on Maria	19, and that o	death occurred at	Tom the causes	and on the date stated above
De be	Be Se		Mellowex 1	M.D.	ATTENDING X	MED. STAFF PHYS.	576/66
TAL	or, pa		22c. PHYSICIAN'S		22d. ADDRESS		Lad
SPI e 4	Stor Bridge		NAME (Type) Dr. Roberto de	Villarreal	St. Le	onard, Maryl	and
TO HOSPITAL Page 4 may	TO FUNER director, should b	238	BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
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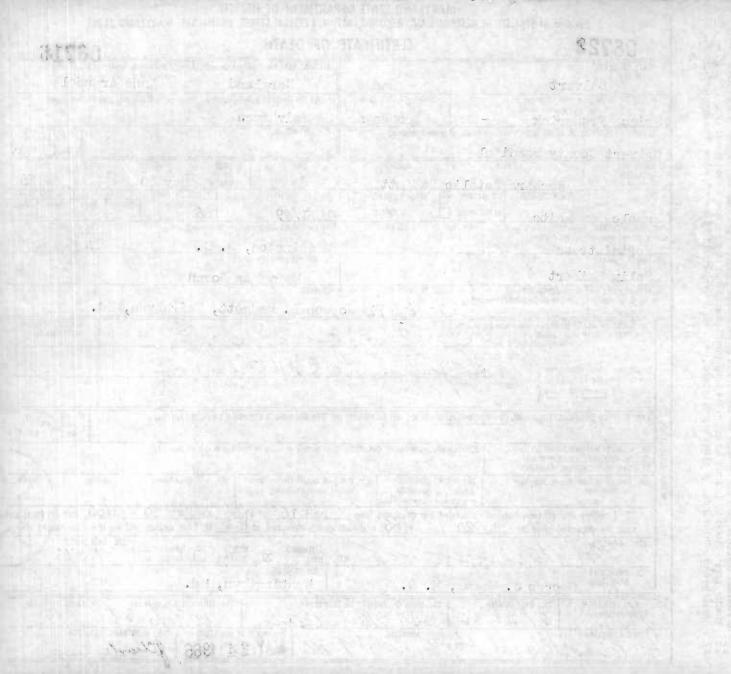
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06721 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs ofter death ond 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ond completely filled in by the funeral remove carbon papers. Pages 1 and 1. PLACE OF DEATH o. COUNTY Calvert b. COUNTY O. STATE Maryland **MARYLAND** papers. Pages 1 hin 72 haurs after b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Chesapeake Beach, Maryland Prince Frederick, Md. 15 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Calvert County Hospital YES NO T 3. NAME OF First Middle 4. DATE ** Lost Month Doy Year DECEASED Louis J. Milbourne 1966 (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER YEAR 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours 1/21/93 White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** Maryland Construction Plasterer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lodowic Milbourne Virginia Strickler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 577-03-4482 Mrs. Louise Milbourne INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line/for (o), (b), and (c). burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o)-Page 4 may be retained by the haspital or attending physician. DUE TO signed l arcentonia. Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO for use os the b stoting the underlying couse has been lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 1966, and that death accurred at 6:00M from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 5/23/66 M.D. PHYS. director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr Prince Frederick. Osman Ers 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) So. Memorial Gardens Calvert May 25,1966 Dunkirk Maryland Burial 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Home Owings, Maryland 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH physicion and completely filled in by the funerolen please remove carban papers. Pages I and o. COUNTY Anne Arundel Calvert MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Fairhaven 66 days Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 YES NO X Calvert County Hospital a remove carban 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED 66 May 20 19 Barbara Natalie Padgett DEATH (Type or print) IF UNDER 24 HRS. AGE (In years 1F UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Jost birthdoy) Months Dovs Hours WIDOWED DIVORCED White Female. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Washington, D. C. Postmistress
13. FATHER'S NAME Felix Seibert Mary Van Doren 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Joseph F. Padgett, Fairhaven, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by DUF TO signed t Conditions, if ony, which gove rise to immediate couse (o). DUF TO stating the underlying couse **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospitol or ottending as the prior to ! O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 10 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from March 16, 1966 n to May 20, 1966, that (1) (we) last should 19 66, and that death occurred at 4 A M, from causes and an the date stated above. saw the deceased alive an May 20 22b. DATE SIGNED 220. SIGNATU ATTENDING 5/20/66 DIRECTOR M.D. PHYS. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) Huntingtown. Md. George J. Weems. M. 23o. BURIAD, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Jown) (Stote) (County) a REMOVAL (Specify) 250. REC'D BY REGISTRAR 25b. REBISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



6	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLAND
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 no 72 hours after Dath.	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: a. COUNTY a. STATE b. COUNTY	
	cuted within 24 hours af completely filled in by the carbon papers. Page y event, within 72 hours and		D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince Frederick, 67 days Prince Frederick	04-1
•	Chies An Id	3.	Calvert County Hospital	0. IS RESIDENCE ON A FARM? YES NO
	executed within and completely emove carbon any event, with		(Type or print) Denton Lee Smith Denton Lee Smith	Day Year 19 66
	and and an	M	Agle White WIDOWED DIVORCED 8/1.2/17 last birthday Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
	physician physician in please	au	uring most of working life, even if retired) [INDUSTRY	CITIZEN OF WHAT COUNTRY?
	ertif ling The emo	15 (Y	Howard Smith S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service)	
	ne death the ath it perm nation, (216-18-5876 Denton Lee Smith, Prince Frede: 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rick, Md.
	ulres that the death cog physician. In signed by the attend burial-transit permit. In burial, cremation, or respectively.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-tranged with the State Dept. of Health prior to burial, cre		Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	
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	ING PHY I by the After thi be det State D	MEDICAL		ounty) (State)
	ATTENDIN retained t CTOR: Afi should b with the Si	8	saw the deceased alive on 3 1900, and that death occurred at 11A M, from the causes and on	the date stated above. DATE SIGNED
	TAL OR may be SAL DIRI		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D	/19/66
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law require Page 4 may be retained by the hospital or attending professor. To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the beshould be filed with the State Dept. of Health prior to be	238	BEMOVAL (SOECITY)	county) (State)
	0	24	4. FUNERAL DIRECTOR MALE MADRESS PROST STATE 250. REC'D BY REGISTRAR 25b. REGISTR	0 0 06
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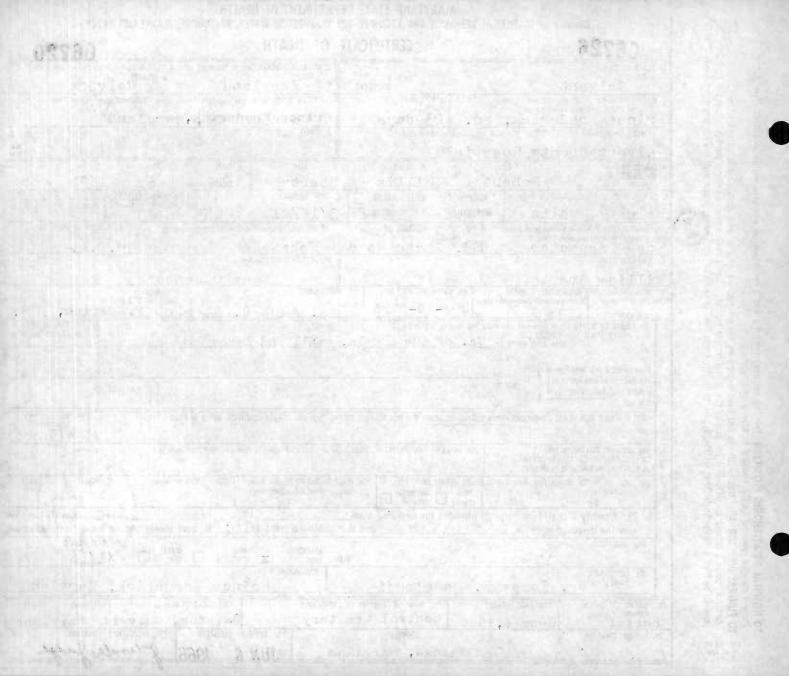
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06724 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death pup and completely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Calvert Maryland Calvert MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town).
Prince Frederick North Beach das. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) within 72 Calvert County Hospital YES NO XX 3. NAME OF Middle Last 4. DATE Month Doy Year DECEASED Dorothy 19 66 Cobb Snider Mav 16. (Type or print) DEATH in any event, IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** please remave lost birthdoy) Months Dovs Hours 3/21/15 Female White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? S.A. during most of working life, everuif retired) INDUSTRY and Arkansas Government 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Cobb Dora Orr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Snider -husband (Yes, no, ar unknown) (If yes give war ar dates of service) 491-03-1465 North Beach, Md. Louis R. BANK INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO burial, Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the 411661 last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) 20c, TIME OF INJURY Manth, Doy, Year Hour o.m. factory, street, office bldg., etc.) Nat While at work at wark Page 4 may be retained by ta 5/16 1926, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from Nov M 1905 1966, and that death accurred at 8:10PM, fram causes and an the date stated above saw the deceased alive an 5 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. ~ 5/17/66 1641A M.D. DIRECTOR director, page should be filed PHYS. 22d. ADDRESS 22c PHYSICIAN'S O. Z. Ersdy'. M.D. Prince Frederick, Md. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Md Suitland Cedar Hill 5/19/66 Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR Washington, D.C. Lee Funeral Home 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY Calvert b. COUNTY Calvert o. STATE Maryland attending physician and campletely filled in by the fur permit. Then please remave carban papers. Pages 1 an. ar remaval, and remay event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick, Maryland Prince Frederick. Md. davs IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Calvert County Hosptial YES NO DO Middle Doy 3. NAME OF First Lost 4. DATE Year DECEASED 0F Stertz 19 66 Robert Willis (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED birthdoy) Months Dovs Hours /15/21 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Nebraska State Road Road Inspector 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Oldenburg William Stertz 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 507-16-5525 Mrs. Anne C. Stertz Fredericked Md. Yes burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Ca. of the bowels, small and large with Metastasi by Page 4 may be retained by the haspital ar attending physician. DUE TO signed ! Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse as the priar ta has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION with the State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour o.m. Not While foctory, street, office bldg., etc.) ot work OR ATTENDING ot work ta 5 - 31 - (-6, 19__, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 11.3.65 . 19 shauld and that death accurred at 10: PM, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. 6/1/66 DIRECTOR widence M.D. PHYS directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Damalouji Prince Frederick. Marvland Issam F 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Central Cemetery Calvert Barstow. June 4,1966 Maryland Burial 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Melaneles om Owings, Maryland



9 156	MARYLAND STATE DEPARTMENT OF HEALTH
3 FUR STATE	MARYLAND STATE DEPARTMENT OF HEALTH OF Privision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH OF 721
HEALTH DEPT.	7 Ttem 7 Film 6376 3/19766 mb
	a. COUNTY b. COUNTY
ary, srain pe pe pe pe ath.	b. CATY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside torporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
fune fune may artm	(write RURAL and give nearest town) [33] Jalley Wace 5 2
is necessary, to the funeral e 5 may be Department after death.	d. NAME OF HOSPITAL OR INSTITUTION (If hot in hospital, give street address) d. STREET ADDRESS 47-3 e. IS RESIDENCE ON A FARM?
State I Shours a	YES NO Z
dela 3. F 8. St 6 St	3. NAME OF DECEASED First / Middle Last 4. DATE Month Day Year
any d 2, ar PM3. h the n 72	(Type or print) DEATH 1980
CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delete the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Ur files. ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the SI second agent, prior to burial, cremation, or removal, and in any event within 72 horest designated agent, prior to burial, cremation, or removal, and in any event within 72 horest designated agent, prior to burial.	last birthday) Months Days Hours Min.
Page 1	
sive Pa	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) INDUSTRY COUNTRY?
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24 ho n Iten Office File , and	15/WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
i within 2 pencil in miner's 0 permit. I	paula Jaylor Jahren as #2
d will per amin per per rem	18. CAUSE OF DEATH [Enter only one cause der line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
cuted Examination	IMMEDIATE CAUSE (a) Whaten the comment against
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ficate sho the worn the Chi o the Chi used as to burial	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVED IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
iffica to the	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVED THE PROPERTY OF THE PROPERT
cert iting ded Id be prior	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF JOENTH.
ER: This certifficate, writing forwarded to 3 should be agent, prior f	
ER: cate cate for age	20c. TIME OF INJURY Month, Day, Year, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Down while at work at work at work
MIN d be Page ated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
CAL EXAMINED the certification of the certification	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
MEDICAL EXU ecute the c Page 4 shou or your files L DIRECTOR: or its design	ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
execute execute. Page I for you at DIRE	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
THE SE	EXAMINER'S Address (Street, city, town, or county) 5/13/66
TO DEPUTY M please exec director. Pa retained for TO FUNERAL I of Health of	23a. BURIAL, CREMATION, 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
direct ret	REMOVAL (Specify) May 17-1966 Arlington National Cemetery - Arlington, Virginia
160	24. EUGENI DIRECTOR STATE ADDRESS WASH. 25a REC'D BY REGISTRAR'S SIGNATURE Simmons Brothers -1661- Gd. Hope Rd. SE DC MAY I 1966
VR A15ME 3500 4-64	DATE

the production to the product of the production of the product of tion a communication to distance them and the first contra BOOK AT LAM TOU BE AN APPLICATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0872	8	CERT	IFICAT	E OF DEATH		00000	
1.	PLACE OF DEAT	Н ,			2. USUAL RESIDENCE (V	Vhere deceased lived, If Inst	titution: Residence befort adm	nission)
	a. COUNTY	Varas de		IADVI AND	a. STATE	b. COUN	TY	/
-	b. CITY OR TOV	VN (if outside corporate' lin		STAY IN 1b	c. CITY OR TOWN (If outs	ide corporate limits, wri	te RURAL and give nearest	town)
	Write HURA	and give nearest town)	4 2	,	3/	de corporato minto, mi	to NORME and Biro nourcos	to mily
_	J NUME OF HE	SCITAL OR INCTITUTION OF	10 1 34ec		Herna	on	× 3 - 5	DEMOF
L	U. NAME OF HO	SPITAL OR INSTITUTION (IF	not in nospital, give stre	eet address)	d. STREET ADDRESS		e. IS RESII	RM?
	Yallmen	1 / lurain	d Home		1772		YES 🔀 N	10
3.	NAME OF DECEASED	/ First	Middle	4	Last 4.	DATE Month	Day Year	
	(Type or print)	Just	X8 sr	1. 11	hranenson	DEATH My	9 196	6
5.	SEX	6. COLOR OR RACE	MARRIED T NEVER MAR	RIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 2	
	M	las I w	IDOWED TO DIVO	RCED	m/30 188	/ X //	Months Days Hours	Min.
10:	a. USUAL OCCUPA	TION (Give kind of work done	44.0		11. BIRTHPLACE (County	& State, or foreign country)	1 12. CITIZEN OF WHAT	
du	ring most of worl	king life, even if retired)	INDUSTRY		() (1111	COUNTRY?	
13		nor	tarm Clore	1/	V. Otusa	alyernea	1 11. VIT	
13	. PATHER S NAM	11.	0		14. MOTHER'S MALDEN	IAME /		
	40	seph Un	raves		Josephin	el for	sey/	
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FORCES (Hyes give war or dates of servi	S? V16. SOCIAL SECURIT	YNO. 17.	INFORMANT	Addres	3,	1
1	Na	- Company	223-50-6	421 11	us de VIARA	mas & So	lomone me	11,
	18. CAUSE OF	DEATH [Enter only one cau		- 10	1	0.40	INTERVAL BETV	WEEN
		EATH WAS CAUSED BY:	/ Enlen	-			ONSET AND DE	EATH
10	1100	IMMEDIATE CAUSE (a)_	- Coura	uk_			11.	
	Conditions, If	DUE TO	(%)		column		- Way	
	gave rise to		Plan	ny	· Cours	2~		-
	cause (a), s	stating the DUE TO						
Z	underlying cau							
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH E	BUTNOTRELA	ATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUT	OPSY IED?
2	18 30 30						YES N	10
E	20a. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW I	INJURY OCCU	JRRED. (Enter nature of Inju	ry in Part I or Part II of	Item 18.)	
CER	(IF EITHER, NO	ING CAUSE OF DEATH						
AF	20c. TIME OF	INJURY Month, Day, Year	20d. INJURY OCCURRE		CE OF INJURY (Home, farm,	20f. (City or town)	(County) (St	ate)
MEDICAL	Hour a.		While Not While	facto	ory, street, office bldg., etc.)	260		
Σ		.m. 19	at work at work			Year	66,	
	The second secon	fy that (I) (this hospital)	11 60 61		, 19	/ to /	_, 19, that (I) (we	
		ceased alive on / 10	19 19	_, and that	t death occurred at	_M, from the causes a	and on the date stated a	above.
	22a. SIGNATU	TA, 1,00	56		ATTENDING MED.	STAFF -	22b. DATE SIGNED	
		Julier	Musey	J.M	D. PHYS. DIRE	CTOR PHYS.		
	22c. PHYSICI NAME (T		/ TLARREI	26	22d. ADDRESS	heoNAE	7,11	
	l	RUEL	11 Constant				3700	
238		MATION, 23b. DATE THER	EOF 23c. NAME,O	F CEMETERY	OR CREMATORY	3d. LOCATION (City, to	wn or county) (Sta	te)
	PEMOVAL (St	1 May 11 1	966 Chestry	1 14	one Cometern	Herndon	1. Va	7,
24	. FUNERAL DIR	ECTOR	ADDRESS	172	25a. REC'D E	- 000	GISTRAR'S SIGNATURE	
1	JA. Xh	kness , le	on Post	mil	in MAY 1	1 1966 ACC	arles Judge	
1	111.	0,000	10011	queec	LE TILLI MICH		U V	

VR AI5 (4) 20M 1/65

1		MARYLAND STATE DEPA DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	ARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
E ROLL		06729 CERTIFICATE	OF DEATH	06723
hours after death d in by the funera rs. Pages 1, and hours after death	1	e. COUNTY Calvert MARYLAND	•	e Arundel
iours after in by the s. Pages I hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince Frederick, Md. 46 days	c. CITY OR TOWN (If outside corporate limits, write RURAL Friendship, Maryland	
24 hour filled in papers.		,	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	9_	Calvert County Hospital		YES NO
executed within and completely emove carbon any event, with	3		Wells 4. DATE Month OF DEATH 5	9 1966
uted wi	5	7. MAINTES REVEN MAINTES	DATE OF BIRTH 9. AGE (In years IFUNDER Igst birthday) Months	1 YEAR IF UNDER 24 HRS
execunate and second in any			.2/11/89 76 yrs.	ITIZEN OF WHAT
ite be nysicia please I, and	-	during most of working life, even if retired) INDUSTRY	C	OUNTRY? S.A.
certifica ding ph Then remova		James Daugherty	Minnie Mason	
e death certific the attending p it permit. Then nation, or remov	1		FORMANT Address	
leath e att		no 215-46-5686 Eli	zabeth Windland Friends	ship, Md.
hat the deal cian. ed by the al transit pern; cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSET AND DEATH
es that physiciar signed urial-tra urial, cr		Conditions, If any, which DUE TO Bright 5	disease	1 ogcia
		gave rise to immediate cause (a), stating the DUE TO		
The law or atten sate has use as salth prin	CATION		D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICIAN: ospital certific hed for the forether fore	CERTIFICATION		RED. (Enter nature of injury in Pert I or Part II of Item 18	
old by the h After this d be detact	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factory, while not while at work at work	OF INJURY (Home, farm, street, office bldg., etc.) (City or town) (Co	unty) (State)
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1957, and that deceased	leath occurred at M, from the causes and on t	
y be reported by be by be possible of the bold of the	,	220. SIGNATURE Jalublanes M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 5/3	10/66
O HOSPITAL OR ATTEN Page 4 may be retain O FUNERAL DIRECTOR: director, page 3 shoul should be filed with th		22c. PHYSICIAN'S NAME (Type) Dr. Roberto Villarreal	St. Leonard, Marylar	
TO HOSP Page 4 TO FUNE directo should	2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF DURING PROPERTY OF THE PROP	R CREMATORY 23d, LOCATION (City, town or co	ounty) (State)
VR A15 (4)	7	Authors Funeral Home Owing	25a. REC'D BY REGISTRAR 25b ARGISTRA	'S SIGNATURE
15M 4-64	12			

